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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*

This application is a DIV of 09/922,344 08/03/2001 PAT 6,743,259

## \*\* FOREIGN APPLICATIONS \*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 04/12/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no			
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	Examiner's Signature  Initials 			
	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2

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## TITLE

Lung assist apparatus and methods for use

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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